

Date turned in to ACI: \_\_\_\_\_ Time: \_\_\_\_\_ Date Graded by ACI: \_\_\_\_\_  
 ACI Initials: \_\_\_\_\_

## CLINICAL ROTATION REPORTING FORM

Athletic Training Student Name: \_\_\_\_\_  
 Approved Clinical Instructor (ACI): \_\_\_\_\_  
 Hours Reporting For: \_\_\_\_\_ to \_\_\_\_\_  
 Clinical Rotation: \_\_\_\_\_

*Athletic Training Student-* Fill out the front page of this form and have your ACI fill out the back page, then your ACI should place in a sealed envelope. You should have this form to your supervising ATC by 5:00pm on Friday. The envelope is to be delivered to Dr. Mazerolle's office door by Noon every fourth Thursday (see reporting form submission schedule). It is your responsibility, not your ACI's to submit the form to Dr. Mazerolle.

	<b>Wk 1: Dates:</b> <small>(Indicate Shift Time &amp; Daily Total)</small>	<b>Wk 2: Dates:</b> <small>(Indicate Shift Time &amp; Daily Total)</small>	<b>Wk 3: Dates:</b> <small>(Indicate Shift Time &amp; Daily Total)</small>	<b>Wk 4: Dates:</b> <small>(Indicate Shift Time &amp; Daily Total)</small>	<b>Wk 5: Dates:</b> <small>(Indicate Shift Time &amp; Daily Total)</small>
Monday	/	/	/	/	/
Tuesday	/	/	/	/	/
Wed.	/	/	/	/	/
Thursday	/	/	/	/	/
Friday	/	/	/	/	/
Saturday	/	/	/	/	/
Sunday	/	/	/	/	/
	<b>Week Total:</b>	<b>Week Total:</b>	<b>Week Total:</b>	<b>Week Total:</b>	<b>Week Total:</b>

### **Injury Updates (please provide depth regarding the injury):**

**Injury #1)**

**Injury #2)**

**Injury #3)**

**Injury #4)**

**Injury #5 and Others)**

**New Skills Used:**

- 1)
- 2)
- 3)
- 4)

**Items I Am Trying To Improve:**

- 1)
- 2)
- 3)
- 4)

**I wish I could get to do more of \_\_\_\_\_?**

- 1)
- 2)

**Things from class I have used/discussed in my clinical rotation:**

**Goal Update:**

**Kudos and Concerns (include comments about ACI or other ACI, please see the Director of Entry-Level Athletic Training Education if you do not feel comfortable writing the comments here):**

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Athletic Training Student Signature & Date: \_\_\_\_\_

This signature indicates that to the best of your knowledge the information presented on this side of this form is accurate.

It is important to note that if it is discovered that you knowingly sign-off on hours that are not accurate you will be disciplined by the Director of Entry-Level Athletic Training Education.

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ACI Initials: \_\_\_\_\_

**ACI's:** Please evaluate the athletic training student's performance objectively. Please place the appropriate response in each category as listed below.

1=Unacceptable 2=Improvement needed 3=Satisfactory 4=Good 5=Outstanding

**PROFESSIONAL RESPONSIBILITIES:**

\_\_\_\_/40

- \_\_\_\_ Demonstrates a strong work ethic on a daily basis
- \_\_\_\_ Demonstrates professional honesty and integrity
- \_\_\_\_ Demonstrates professionalism in daily activities
- \_\_\_\_ Demonstrates dedication to the clinical experience
- \_\_\_\_ Demonstrates a willingness to learn (asks questions, etc)
- \_\_\_\_ Demonstrates flexibility with changing schedules/events
- \_\_\_\_ Demonstrates confidence in his/her abilities
- \_\_\_\_ Demonstrates initiative with clinical duties

**INTERPERSONAL SKILLS:**

\_\_\_\_/35

- \_\_\_\_ Demonstrates appropriate boundaries between personal and professional duties
- \_\_\_\_ Demonstrates appropriate demeanor and rapport with coaches, patients, and staff
- \_\_\_\_ Demonstrates proper and appropriate communication with ACI, staff, and patients
- \_\_\_\_ Demonstrates a positive attitude towards athletic training
- \_\_\_\_ Demonstrates appropriate level of empathy with athletes/patients
- \_\_\_\_ Demonstrates appropriate communication with other health care professionals
- \_\_\_\_ Demonstrates the ability to properly educate patients regarding injuries/conditions

**ADMINISTRATIVE DUTIES:**

\_\_\_\_/15

- \_\_\_\_ Demonstrates knowledge and application of athletic training room procedures
- \_\_\_\_ Demonstrates ability to maintain accurate records
- \_\_\_\_ Demonstrates proper knowledge of inventory and supplies

**GENERAL KNOWLEDGE**

\_\_\_\_/25

- \_\_\_\_ Demonstrates critical thinking
- \_\_\_\_ Demonstrates proper problem solving techniques
- \_\_\_\_ Can develop/explain an appropriate EAP for the clinical site
- \_\_\_\_ Conducts pre-season physical screenings (if applicable)
- \_\_\_\_ Demonstrates proper/appropriate medical terminology

**PROFESSIONAL SKILLS:**

\_\_\_\_/45

- \_\_\_\_ Applies appropriate techniques for basic taping, splinting, and wrapping of injuries
- \_\_\_\_ Develops a rationale for each taping and bracing procedure they apply
- \_\_\_\_ Explains and demonstrates proper first aid and wound care management

- \_\_\_ Explains and demonstrates proper techniques to fit protective equipment
- \_\_\_ Explains and demonstrates appropriate flexibility programs for patients
- \_\_\_ Explains and demonstrates appropriate rehabilitative exercise protocols
- \_\_\_ Explains and demonstrates proper use of therapeutic modalities
- \_\_\_ Explains and demonstrates proper parameters and alterations of therapeutic modalities
- \_\_\_ Understands indications/contraindication of therapeutic modalities

INJURY EVALUATIONS:

\_\_\_/55

- \_\_\_ Explains and demonstrates appropriate history questions related to the injury
- \_\_\_ Performs appropriate observation of clinical signs and symptoms associated with the injury
- \_\_\_ Identifies, inspects, and palpates appropriate bony & soft tissue landmarks
- \_\_\_ Demonstrates appropriate active and passive ROM tests with the use of a goniometer
- \_\_\_ Applies appropriate manual muscle testing techniques and grading
- \_\_\_ Applies appropriate sensory and neurological tests associated with clinical findings
- \_\_\_ Performs appropriate special tests to confirm or refute clinical findings
- \_\_\_ Demonstrates and explains proper functional/sports specific activities for the injury and athlete's sport/position
- \_\_\_ Demonstrates an ability to critically digest findings and associates those findings to make an accurate diagnosis
- \_\_\_ Demonstrates knowledge and ability to develop an immediate plan after diagnosis of injury/condition (Ice, crutch fitting, etc.)
- \_\_\_ Demonstrates knowledge and ability to develop an appropriate treatment plan after diagnosis of injury/condition (carry about treatment plan for RTP)

Total Points from ABOVE

\_\_\_/215

OVERALL PERFORMANCE

\_\_\_/10

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\_\_\_/225

What areas need improvement?

What improvements have you noticed?

Other feedback and comments regarding ratings above (please contact the Director of Athletic Training Education if you do not feel comfortable writing the comments here)?

Suggestions for Director of Entry-Level Athletic Training Education for education or policies?

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ACI Initials: \_\_\_\_\_

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Approved Clinical Instructor Signature & Date: \_\_\_\_\_

(This signature indicates that to the best of your knowledge  
the information presented on the other side of this form is accurate)